

**441—74.1 (249A,85GA,SF446) Definitions.**

*“Accountable care organization”* means a risk-bearing, integrated health care organization characterized by a payment and care delivery model that ties provider reimbursement to quality metrics and reductions in the total cost of care for an attributed population of patients.

*“Countable income”* means “modified adjusted gross income” (MAGI) or “household income,” as applicable, determined pursuant to 42 U.S.C. § 1396a(e)(14).

*“Department”* means the Iowa department of human services.

*“Enrollment period”* means the 12-month period for which eligibility is initially established.

*“Essential health benefits”* means the essential health benefits defined by the Secretary of the United States Department of Health and Human Services pursuant to Section 1302(b) of the Patient Protection and Affordable Care Act, Public Law 111-148.

*“Exempt individuals”* shall be defined pursuant to 42 CFR § 440.315.

*“Federal poverty level”* means the poverty income guidelines revised annually and published in the Federal Register by the U.S. Department of Health and Human Services.

*“Health insurance marketplace”* or *“exchange”* means an American health benefit exchange established pursuant to 42 U.S.C. § 18031.

*“Iowa Health and Wellness Plan”* means the medical assistance program set forth in this chapter.

*“Iowa wellness plan”* means the benefits and services provided to Iowa Health and Wellness Plan members with countable income that does not exceed 100 percent of the federal poverty level.

*“Marketplace choice plan”* means the benefits and services provided to Iowa Health and Wellness Plan members with countable income between 101 percent and 133 percent of the federal poverty level.

*“Member”* means an individual who is receiving assistance under the Iowa Health and Wellness Plan described in this chapter.

*“Minimum essential coverage”* means health insurance defined in Section 5000A(f) of Subtitle D of the Internal Revenue Code.

*“Modified adjusted gross income”* means the financial-eligibility methodology prescribed in 42 U.S.C. § 1396a(e)(14).

*“Qualified employer-sponsored coverage”* shall be defined pursuant to 42 U.S.C. § 1396e-1(b).

*“Qualified health plan”* shall be defined pursuant to Section 1301 of the Patient Protection and Affordable Care Act, Public Law 111-152.